



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

SUPPLEMENTAL

REPORT NO. E272359

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FROM TO  
7 1 34  
4 35  
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1 41  
1 42

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	13-02341
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 09 - 18 - 2013	2227	31		
				N S E W IN OF 0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

LUNDEEN PARKWAY BLOCK NO. MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES N E 101ST AVE NE  
FEET S W

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 2069739924
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LAST NAME	MCNEESE	FIRST NAME	RHEENA	MIDDLE INITIAL	Y
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STREET NEW ADDRESS ☒ 1810 131ST ST NE

CITY	LAKE STEVENS	ST	WA	ZIP	98258
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COL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	MCNEERY143MZ	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	07	-	09	-	1986
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AHM6720	STATE	WA	VIN#	1B3ES56C83D125938
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2003	MAKE	DODG	MODEL	NEON	STYLE	4T	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	NATIONAL INSURANCE 2001504260
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253306619
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LAST NAME	SHERRY	FIRST NAME	ERIC	MIDDLE INITIAL	P
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STREET NEW ADDRESS ☐ 6600 119TH DR NE

CITY	LAKE STEVENS	ST	WA	ZIP	98258
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COL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	SHERREP152RW	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	12	-	16	-	1985
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B65235W	STATE	WA	VIN#	1GCCS14Z3RK112105
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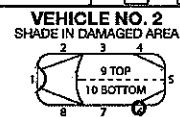
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1994	MAKE	CHEV	MODEL	S10	STYLE	PK	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	RADGE OR ID #	AGENCY
JAMES WELLINGTON	93	WA0311900



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E272359**

CASE # **13-02341**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)																		
NAME (LAST, FIRST, MIDDLE INITIAL)								SEX	D.O.B. MMDDYYYY									
ADDRESS & PHONE #																		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)								SEX	D.O.B. MMDDYYYY									
ADDRESS & PHONE #																		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)								SEX	D.O.B. MMDDYYYY									
ADDRESS & PHONE #																		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

**NARRATIVE**

On 09-18-13 at 2227 hrs I responded to 10027 Lundeen Parkway for a vehicle collision. It was reported that there were no injuries. Unit 2 was traveling eastbound on Lundeen Parkway and turning north onto 101st Ave NE. Unit 1 was turning east onto Lundeen Parkway when the collision occurred causing reportable damage. Unit 1 did not grant right of way to Unit 2. Unit 2 driver did not have insurance. No injuries were reported.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**JAMES WELLINGTON**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**09-26-13 04:40 AM**

DATED

PLACE SIGNED

APPROVED BY

**JEFF LAMBIER 104**

DATE

**9/26/2013 4:42:59 AM**

BADGE OR ID # **93**

ORI #

**WA0311900**

TIME POLICE DISPATCHED

**10:27 PM**

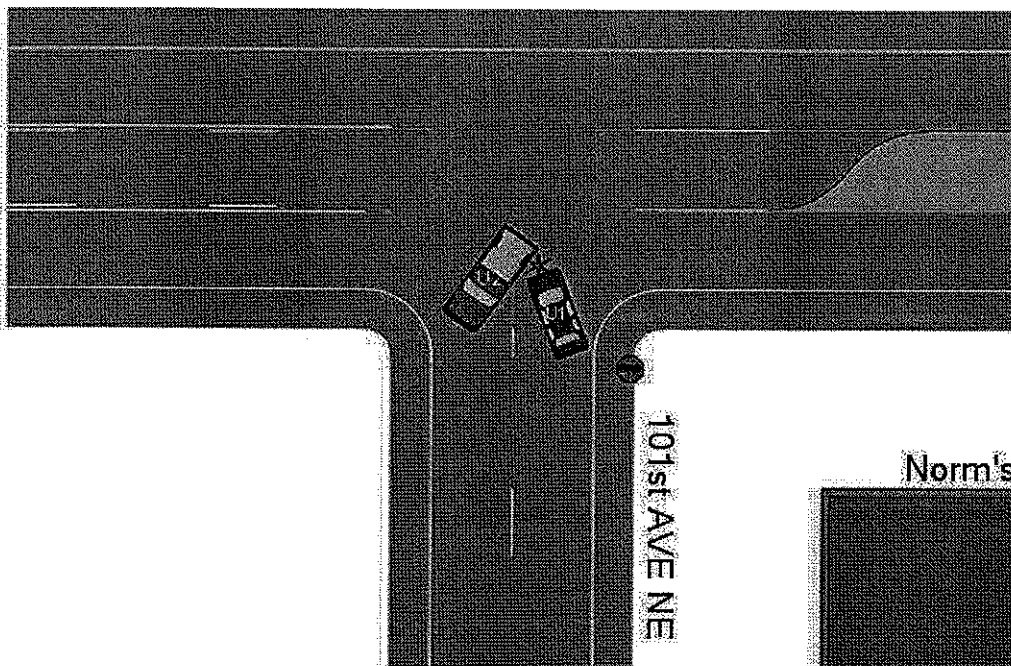
TIME POLICE ARRIVED

**10:31 PM**

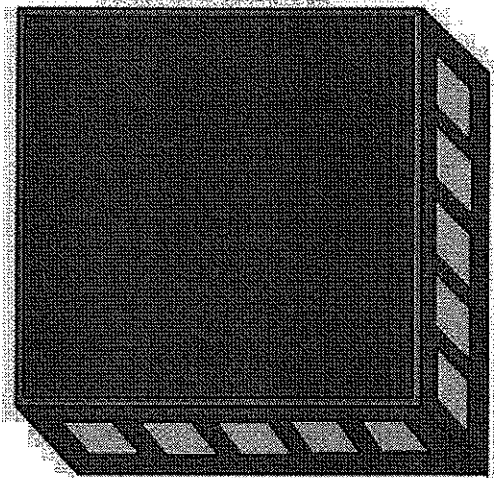


Not To Scale

Lundeen Parkway



Norm's Market



Entered	09/18/13	22:27:13	BY SPCT07	SP0375
Dispatched	09/18/13	22:27:36	BY SPDP17	SP0203
Enroute	09/18/13	22:27:36		
Onscene	09/18/13	22:31:56		
Closed	09/18/13	22:54:05		

Src: T  
Loc: 10027 LUNDEEN PARK WY , LKS -- NORMS MARKET , LKS btwn 99 AV NE & 101 AV NE  
(V)

Phone:

/2227	(SP0375)	ENTRY		, CC, NON INJ, NON BLKING, RED DODGE NEON V RED C HEVY S-10, HAPPENED ON ROADWAY, BOTH PULLED INTO PKLOT, DRIVER OF S-10 DOESN'T HAVE INSURANCE
/2227	(SP0203)	DISPER	SS1932	#SS93 WELLINGTON, OFCR (JAMES)
/2227	(SP0375)	SUPP		NAM: MCNEESE, RHEENA, PHO: 2069739924, TXT: DRIVER OF RED S-10 DOESN'T HAVE DRIVERS LIC ENSE
/2231	(SS93 )	*ONSCNE	SS1932	
/2238		REMINQ	SS1932	MDTWANT, SHERRY, ERIC, P, 121685, M, , WA, , , , , , , , , , ,
/2240		REMINQ	SS1932	MDTVEH, B65235W, , WA, , , , , , , , , , ,
/2241		*MISC	SS1932	, U1 NO INSURANCE, PHONE 425-330-6619
/2242		REMINQ	SS1932	MDTWANT, MCNEESE, RHEENA, Y, 070986, F, , WA, , , , , , , , , , ,
/2243		REMINQ	SS1932	, , , , , , , , , , ,
/2246		*MISC	SS1932	, MCNEESE IS U1, PHONE 206-973-9924. NEW ADDRESS: 1810 131 ST NE LKST
/2247	(SP0203)	ASNCAS	SS1932	\$SS13002341
/2254		CLEAR	SS1932	D/H
/2254		CLOSE	SS1932	

LEFT  
ORIGINAL